



**April 23-May 3, 2025 – CHES®
CERTIFIED HEALTH EDUCATION SPECIALIST**

Exam Application

NCHEC, 95 Highland Ave, Suite 150A, Bethlehem PA 18017 **PHONE:** 888-624-3248 **FAX:** 1-800-813-0727
Web site: www.nchec.org

PLEASE PRINT CLEARLY WITH **INK** OR TYPE ALL INFORMATION. INCOMPLETE OR MISSING INFORMATION WILL DELAY PROCESSING OF THE APPLICATION. ADDRESS OR NAME CHANGES THAT OCCUR AFTER SUBMISSION OF THIS APPLICATION MUST BE REPORTED TO NCHEC. (Print your name **EXACTLY** as it should appear on your **CHES® Certificate**).

APPLICANT

Name _____
Salutation First/Given MI Last Suffix

Female Male Prefer Not to Answer Other _____

Previous Last Name (if applicable) _____ **Social Security #** _____ **Date of Birth** _____

Are you currently employed in the Health Education profession?: (If **yes**, please answer next line) Yes _____ NO _____

Job title _____ **Employer:** _____

Is this certification required for your job?: Yes _____ No _____

Address _____
Number & Street Apartment #

City/Town State Country ZIP/Postal Code

Home Phone (_____) _____ **Work Phone** (_____) _____

Fax Phone (_____) _____ **Cell Phone** (_____) _____

Email Address _____

ACADEMIC BACKGROUND

Is this certification required for your degree?:

YES NO

What is your schools requirement:

No requirement Register Only
 Take the exam (pass or fail) Pass the exam

Student Status:

****Are you currently a full time student? (9 or more semester credits)** YES NO

Graduation Date: _____
*mm/dd/yyyy***

****Are you currently a part-time student? (Less than 9 semester credits)**

YES NO

Not a Student YES NO

**** Full Time Students or Part Time Students - An *advisor letter* is required to be submitted indicating expected completion of all degree requirements within 90 days of the exam date. The letter must be printed on school letterhead and include degree, major, and projected graduation date and submitted prior to exam application deadline.**

Please indicate the Primary degree being used for eligibility and submit supporting OFFICIAL transcripts for approval. Other degree(s) listed on application do not require a transcript, **unless they are being used to determine eligibility. UPON REVIEW OF YOUR OFFICIAL TRANSCRIPTS, YOU WILL BE NOTIFIED OF ELIGIBILITY THROUGH EMAIL**

Primary Degree Year (Graduation Yr)	Primary Degree Awarded (ex: BS, MS)	Primary Major Name	Primary University/College Name

Other Degrees Received:

Degree Year (Graduation Yr)	Degree Awarded (ex: BS, MS)	Major Name	University/College Name

Exam applications, university transcripts, and any supporting documentation become the property of NCHEC. These items will not be returned to the exam applicant or forwarded to a third party

Name: _____

Testing Accommodations:

Applicants requesting special testing arrangements must submit a Testing Accommodation Request Form AND a letter signed by a medical profession stating an accommodation is required. This will be completed once your exam application has been approved, and a link will be provided within your Authorization email.

Application Fees and Deadlines (<i>Please select</i>):	April 23-May 3, 2025 Exam	Student	Non-Student or Part Time Student
	Note: The application fee INCLUDES a \$100 non-refundable processing fee (if found ineligible or if you withdraw from current cycle). Amount: _____	<i>U.S. Post Marked On or Before (enrolled 9 + credits)</i>	
EARLY Nov 1-Nov 30, 2024		\$230 <input type="checkbox"/>	\$280 <input type="checkbox"/>
REGULAR Dec 1-January 31, 2025		\$290 <input type="checkbox"/>	\$340 <input type="checkbox"/>
LATE Feb 1-Feb 28, 2025		\$350 <input type="checkbox"/>	\$400 <input type="checkbox"/>

Indicate payment method (Make checks payable to NCHCEC) : (There will be a \$25 fee for all returned checks)

Company Check _____ Personal Check _____ Money Order _____ Purchase Order _____ (attach PO to application - complete billing information section below) (Payment **MUST** be received by final deadline)

Credit Card Type: Visa MasterCard American Express Discover
Card No: _____ Exp. Date _____ CV: _____

Billing Information:

Name on Card: _____ Address: _____
City, State, Zip: _____
Signature: _____ Phone: _____

PERMISSION TO PUBLISH

In recognition of my achievement as a Certified Health Education Specialist, NCHCEC may publish my name in its NCHCEC News and on its website. As a benefit of certification, my name and/or address may be available as follows:

- a. to continuing education providers in order to receive notice of professional development opportunities*
- b. to employers for recruitment purposes or to verify one's status as an active CHES®*
- c. to researchers for study purposes*
- d. to universities for the purpose of acknowledging or monitoring achievements of program graduates*
- e. to professional associations for the purpose of mailing newsletters/announcements, or for recruiting new members*

NCHCEC has permission to distribute my name and contact information as listed above:

YES NO (YOU MUST CHECK ONE)

NCHCEC has permission to distribute my name and contact information with providers of study groups and exam preparation courses:

YES NO (YOU MUST CHECK ONE)

The above questions are required field(s) and must be completed

AFFIRMATION and AGREEMENT

I affirm that the information given in this application is true and accurate. I hereby give my permission to NCHCEC to verify any information in support of my application. I understand that the CHES® examination and the test questions contained therein are the exclusive property of NCHCEC. No part of this examination may be copied or reproduced in part or in whole, by any means whatsoever, including memorization. I understand that NCHCEC will provide aggregate scores to institutions and publications for reporting purposes and that individual identification will not be used, I indicate that I have read and understand the CHES® Exam Handbook in its entirety. I agree to abide to NCHCEC's Exam Polices as outlined in the Examination Handbook. If successful in passing the exam, I agree to NCHCEC's Policies and Procedures for Renewal and Recertification and abide by the Health Education Code of Ethics. Violations of NCHCEC's Exam Application, Renewal and Recertification policies and the Health Education Code of Ethics, or falsification of any documentation, may result in suspension or revocation of the credential or denial of eligibility for future exams.

Required signature _____ Date _____

Demographic Information

The sharing of your demographic information will help to inform organizational decisions regarding the advancement of the profession of health education and promotion. Information such as credentials, practice setting, age, gender and ethnicity will allow NCHEC to communicate effectively about the makeup of its certified body with government agencies, as well as our own leadership, to better represent your needs within our organization as well as the profession. To accomplish this, we need more complete aggregate baseline data. **Please be advised that the information you provide below is solely for NCHEC official use, and your personal/individual data will not be shared with anyone.**

Referral Source - How have you learned about NCHEC/CHES®?

- Direct Mail Colleague University
 Conference/Exhibit Employer Website Visit
 Journal Ad Prefer not to answer

Work Settings:

- Healthcare School University Retired
 Community Workplace Other
 Prefer not to answer

Other Credentials:

- ACSW ATC CDE CPH CPP CPS CRTT CSWHC DO LPN LSW MD
 QCSW RCEP RD RN RRT
 OTHER _____
 Prefer not to answer

Are you of Hispanic, Latino or Spanish origin?

- Prefer not to answer
 No, not of Hispanic, Latino or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on* _____

Race:

- Prefer not to answer
 White Black, African American
 American Indian Alaska Native
 Asian Indian Japanese Native Hawaiian
 Chinese Korean Guamanian or Chamorro
 Filipino Vietnamese Samoan
 Other Asian - *Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian and so on* _____
 Other Pacific Islander - *Print race, for example Fijian, Tongan, and so on* _____
 Some other race _____